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10/21/02
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SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X </p>	
<p>1. Article Addressed to:</p> <p>Steven B. King 4073 Shell Rd Sarasota, FL 34242</p>		<p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery 9-14</p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below: _____</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>7001 1940 0001 2180 1573</p>		<p>1-CV-01-1117 defauler Smysen -1071</p>	

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

1-CV-01-1117
defauler

FILED
HARRISBURG, PA

OCT 18 2002

MARY E. D'ANDREA CLERK
Per 